# FORM D



UNITED STATES
SECURITIES AND EXCHANGE COMMISSION
Washington, D.C. 20549

# FORM D

# NOTICE OF SALE OF SECURITIES PURSUANT TO REGULATION D, SECTION 4(6), AND/OR UNIFORM LIMITED OFFERING EXEMPTION

| OMB APP         | HOVAL        |
|-----------------|--------------|
| OMB Number:     | \$235,0075   |
| Expires:        | May 31, 2000 |
| Estimated avera | ige burder.  |
| hours per respo | nse 16.00    |

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| SECU           | SE ONLY                               |
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| ( Prefix       | Serial                                |
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| DATE P         | ECEIVED 1                             |
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| 1 1            | 1 .                                   |

| Name of Offering ( check if this is an amendment and name has changed, and indicate change.)  |   |
|---|---|
| Filing Under (Check box(es) that apply): X Rule 504 Rule 505 Rule 506 Section 4(6) Type of Filing: New Filing Amendment   | ☐ ULOE  |
| A. BASIC IDENTIFICATION DATA  |   |
| 1. Enter the information requested about the issuer   | MAR 7 7 2005 /                                      |
| Name of Issuer ( check if this is an amendment and name has changed, and indicate change.)  Cardew Design North America, Inc.   | 135   |
| Address of Executive Offices (Number and Street, City, State, Zip Code) 832 Combine Lane, Yardley, PA 19067   | Telephone Number (Including Arta Kode) 215-493-300  |
| Address of Principal Business Operations (Number and Street, City, State, Zip Code) (if different from Executive Offices)  190 CLALEMONT ROAD BEZNALDS STIE, NS 07924   | Telephone Number (Including Area Code) 908-696-1982 |
| Brief Description of Business  wholesaler of collectible and functional tegiftware and pottery paint kits   | ea and coffeeware,                                  |
| Type of Business Organization   | diease specify): PROCESSIA                          |
| Month Year  Actual or Estimated Date of Incorporation or Organization: D. D. D. State [3] Estimated Date of Incorporation or Organization: (Enter two-letter U.S. Postal Service abbreviation for State CN for Canada; FN for other foreign jurisdiction) |   |

### general instructions

### Federal:

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 strang or 15 U.S.C. 2746)

When To File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date it was mailed by United States registered or certified mail to that address.

Where To File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.

Copies Required: <u>Pive (5) copies of this notice must be filed with the SEC, one of which must be manually signed.</u> Any copies not manually signed only be photocopies of the manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

### State:

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

## - attention —

Failure to file notice in the appropriate states will not result in a loss of the faderal examption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption enless such examption is predictated on the filing of a federal notice.

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|--|---|
| 2. Enter the information requested for the following:  |   |
| <ul> <li>Each promoter of the issuer, if the issuer has been organized within the past five years;</li> </ul>  |   |
| <ul> <li>Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more or</li> </ul>  | f a class of equity securities of the issuer. |
| <ul> <li>Each executive officer and director of corporate issuers and of corporate general and managing partners of</li> </ul>   | partnership issuers; and                      |
| <ul> <li>Each general and managing partner of partnership issuers.</li> </ul>  |   |
| Check Box(es) that Apply: Promoter R Beneficial Owner R Executive Officer R Director   | General end/or Managing Partner               |
| Full Name (Last name first, if individual)  Grafeld, Michael C.  |   |
| Business or Residence Address (Number and Street, City, State, Zip Code)   |   |
| 832 Combine Lane, Yardley, PA 19067  |   |
| Check Box(es) that Apply: Promoter  Beneficial Owner  Executive Officer  Director  | General and/or Managing Pertner               |
| Full Name (Last name first, if individual)   |   |
| Williamson, Guy  |   |
| Business or Residence Address (Number and Street, City. State. Zip Code) 190 Claremont Road, Bernardsville, NJ 07924   |   |
| Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director   | General and/or Managing Partner               |
| Full Name (Last name first, if individual)   |   |
|  |   |
| Business or Residence Address (Number and Street, City, State, Zip Code)   |   |
| Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director   | General and/or Managing Partner               |
| Full Name (Last name first, if individual)   |   |
| Business or Residence Address (Number and Street, City, State, Zip Code)   |   |
| Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director   | General and/or Managing Partner               |
| Puli Name (Last name first, if individual)   |   |
| Business or Residence Address (Number and Street, City, State, Zip Code)   |   |
| Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director   | General and/or Managing Partner               |
| Full Name (Last name first, if individual)   |   |
| Business or Residence Address (Number and Street, City, State, Zip Code)   |   |
| Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director   | General and/or Managing Partner               |
| Full Name (Last name first, if individual)   |   |
| Business or Residence Address (Number and Street, City, State, Zip Code)   | :   |
| (Use blank sheet, or copy and use additional copies of this sheet, as necessary  | <i>'</i> )                                    |

|  |   |   |   |                            |   |                              |                               | No.                                     |                |   |                    |  |
|--|---|---|---|----------------------------|---|------------------------------|-------------------------------|---|----------------|---|--------------------|--|
| Laceba                                   |   |   |   |                            | 11. As man a                            |                              |                               | A3.1 - 60 1                             |                |   | Yes                | Νo   |
| I. Has the                               | 1880er 5010                                     | , or does tr                              |   |                            |   |                              |                               |   | _              | ****************                            |                    | <b>:</b>   |
| 7 37/2-1                                 |   |   |   |                            | Appendix                                |                              |                               |   |                |   |                    |  |
| 2. What is                               | тде жилит                                       | um investr                                | ieni inat w                               | III de acce                | pted from a                             | iny individ                  | iuai?                         | *****************                       | ************** |   |                    | .000   |
| 3. Does th                               | e offering                                      | ermit join                                | ownershi                                  | p of a sing                | le unit?                                |                              |                               | *************                           | (111)          |   | Yes<br>XXX         | N°0<br>□   |
| 4. Enter th                              | ne informat                                     | ion request                               | ed for eac                                | h person v                 | vho has bee                             | en or will t                 | oe paid or g                  | given, dire                             | etly or ind    | irectly, any                                |                    |  |
| If a person or state                     | son to be lis<br>s, list the na<br>r or dealer, | ted is an ass<br>me of the b<br>you may s | ociated pe<br>roker or de<br>at forth the | rson or age<br>aler. If mo | ent of a brok                           | ter or deale<br>e (5) persor | r registered<br>ns to be list | i with the S<br>ed are asso             | EC and/or      | he offering,<br>with a state<br>ons of such |                    |  |
| Full Name (                              | Last name                                       | first, if indi                            | vidual)                                   | •                          |   | <u> </u>                     |                               |   |                |   |                    |  |
| Business or                              | Residence                                       | Address (N                                | umber and                                 | Street C                   | ty State 7                              | 'in Code\                    |                               |   | ~              | ······································      |                    | annonnessan anno ann ann an ann an ann an ann an ann an  |
| 2 23233 01                               | 11051001100                                     | F1443 033 (11                             | dinoci and                                | , oncor, c                 | ity, blate, 2                           | np code)                     |                               |   |                |   |                    |  |
| Name of As                               | sociated Br                                     | oker or De                                | aler                                      | * ***                      |   |                              |                               | _,                                      |                |   |                    |  |
|  | <del></del>                                     |   |   |                            |   |                              |                               |   |                |   |                    |  |
| States in Wi                             |   |   |   |                            |   |                              |                               |   |                |   |                    |  |
| (Check                                   | "All States                                     | " or check                                | individual                                | States)                    | ***************                         |                              | ,,                            | *************************************** |                |   |                    | States   |
| AL                                       | AK  | AZ  | AR  | CA                         | CO                                      | CT                           | DE                            | DC                                      | FL             | GA  | HI                 | ID   |
| IL                                       | IN  | IA  | KS  | KY                         | LA                                      | ME                           | MD                            | MA                                      | MI             | MN  | MS                 | MO   |
| MT                                       | NE  | NV  | NH  | NJ                         | NM                                      | NŸ                           | NC                            | ND                                      | OH             | OK  | OR                 | PA   |
| RU                                       | SC)   | SD  | TN  | TX                         | UT                                      | VT                           | VA                            | WA                                      | WV             | WI  | WY                 | PR   |
| Full Name (                              | Last name                                       | first, if ind                             | ividual)                                  |                            |   |                              |                               |   |                |   |                    | ***************************************  |
|  |   |   |   |                            |   |                              |                               |   |                |   |                    |  |
| Business of                              | Residence                                       | Address ()                                | Vumber an                                 | d Street, C                | City, State,                            | Zip Code)                    |                               |   |                |   |                    | and the second s |
| Name of As                               |   | alessa Da                                 | -1  |                            |   | ,                            | ·····                         |   |                | ······································      |                    |  |
| (vame of As                              | sociated bi                                     | oket of De                                | avel                                      |                            |   |                              |                               |   |                |   |                    |  |
| States in W                              | hich Person                                     | Listed Ha                                 | Solicited                                 | or Intends                 | to Solicit                              | Purchasers                   | ;                             |   |                |   |                    |  |
| (Check                                   | "All States                                     | or check                                  | individual                                | States)                    | *******                                 |                              |                               |   |                |   |                    | l States   |
| [ T. | ( <del>4</del>                                  | [A.77]                                    |   | (GIT)                      | কেনা                                    | (Fig. 1)                     | ise.                          | (55)                                    | وسويش          | [ <del>2</del> ]                            | 1 <del>7 7</del> 7 | 175  |
| (AL)                                     | AK  | [AZ]                                      | KS  | KY                         | (CO)                                    | CT<br>ME                     | DE<br>MD                      | DC<br>MA                                | FU             | GA<br>MN                                    | MS                 | MO   |
| . MT                                     | NE  | NV  | NH)                                       | NJ                         | NM)                                     | NY                           | (NC)                          | ND                                      | OH             | OK  | QR                 | PA   |
| RI                                       | SÇ  | SD  | TN  | ĨX                         | UT                                      | VT                           | VA                            | WA                                      | wv             | WI  | WY                 | PR   |
| Full Name (                              | Last name                                       | first, if ind                             | ividual)                                  | <del> </del>               |   |                              | <del></del>                   |   |                |   |                    |  |
|  |   |   | ,   |                            |   |                              |                               |   |                |   |                    |  |
| Business o                               | r Residence                                     | Address (                                 | Number an                                 | d Street, (                | City, State,                            | Zip Code)                    |                               |   |                |   |                    |  |
|  |   | <u> </u>                                  | <del></del>                               |                            |   |                              |                               | ~                                       |                |   |                    |  |
| Name of As                               | sociated Bi                                     | oker or De                                | aler                                      |                            |   |                              |                               |   |                |   |                    |  |
| States in W                              | hich Person                                     | Listed Ha                                 | s Solicited                               | or Intend                  | s to Solicit                            | Purchaser                    | <del></del>                   |   | <del></del>    |   | <del>~</del> ——    |  |
| •  |   |   |   |                            | *************************************** |                              |                               | **************                          | .*****         | ***************                             | _ A                | II States  |
| AL                                       | AK  | ĀZ  | [AR]                                      | CA                         | CO                                      | CT                           | DE                            | [סֹם]                                   | FL             | ĜĀ  | HI                 | [ID]   |
|  |   | 1A  | KS  | KY                         | LA                                      | ME                           | MD                            | MA                                      | MI             | MN  | MS                 | MO   |
| MT                                       | NE  | NV  | NH  | ГИ                         | NM)                                     | NY                           | NC                            | מא                                      | OH             | OK  | OR                 | PA   |
| RIT                                      | SC  | SD  | TN  | TX                         | UT                                      | VT                           | VA                            | $\overline{WA}$                         | ŴV             | WI  | WY                 | PR   |

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| <b>开冲车公司</b> | Para Lini Barbaria |  |
|--------------|--------------------|--|
|              |                    |  |

| 1. | Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if the answer is "none" or "zero." If the transaction is an exchange offering, check this box and indicate in the columns below the amounts of the securities offered for exchange and already exchanged.   |                       |          |                                      |
|----|---|-----------------------|----------|--------------------------------------|
|    | Type of Security  | Aggrega<br>Offering F |          | Amount Aiready<br>Sold               |
|    | Debt  | \$                    |          | \$                                   |
|    | Equity  |                       |          |                                      |
|    | Common Preferred  Convertible Securities (including warrants)  Class A  |                       |          | •                                    |
|    |   |                       |          |                                      |
|    | Partnership Interests   |                       |          |                                      |
|    | Other (Specify)   |                       |          |                                      |
|    | Answer also in Appendix, Column 3, if filing under ULOE.  | \$_65,0               | 00_      | \$ <u>65,000</u>                     |
| 2. | Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero."            | :                     |          | ú povaceňa                           |
|    |   | Numbe<br>Investo      | 1        | Aggregate Dollar Amount of Purchases |
|    | Accredited Investors  | 1_                    |          | \$ 65,000                            |
|    | Non-accredited Investors  | 0_                    |          | \$ <u>0</u>                          |
|    | Total (for filings under Rule 504 only)   | 1_                    |          | \$ 65,000                            |
|    | Answer also in Appendix, Column 4, if filing under ULOE.  |                       | ļ        | ,                                    |
| 3. | If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twolve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C — Question 1.  | 3<br>C                |          |                                      |
|    | Type of Offering  | Type o<br>Securit     |          | Dollar Amount<br>Sold                |
|    | Rule 505  |                       | <u>!</u> | \$                                   |
|    | Regulation A  |                       | <u> </u> | \$                                   |
|    | Rule 504  | A Com                 | mon      | \$65,000                             |
|    | Total   | ·                     |          | \$ 65,000                            |
| 4  | a. Furnish a statement of all expenses in connection with the issuance and distribution of th securities in this offering. Exclude amounts relating solely to organization expenses of the insurer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate. |                       |          |                                      |
|    | Transfer Agent's Fees   |                       |          | \$0                                  |
|    | Printing and Engraving Costs  |                       |          | so                                   |
|    | Legal Fees  |                       | G,       | \$3,500.00                           |
|    | Accounting Fees   | 14.4,501.2000,771     |          | \$0                                  |
|    | Engineering Fees  | */#***                |          | \$C                                  |
|    | Sales Commissions (specify finders' fees separately)  |                       | Ī        | \$0_                                 |
|    | Other Expenses (identify)   |                       |          | \$0\$                                |
|    | Total   |                       |          | \$3,500,00                           |
|    |   |                       | A-SA.    | ,                                    |

|   |  | idarerans exdenses xadase dr   | PROCEUM  |   |
|---|--|--|--|---|
| and total expenses furnished                                  | in response to Part C - Question                                     | given in response to Part C — Question<br>14.a. This difference is the "adjusted gros  | s  | •<br><sup>\$</sup> _61 <del>, 500</del> » |
| each of the purposes show<br>check the box to the left of the | n. If the amount for any purpo                                       | the issuer used or proposed to be used for<br>se is not known, furnish an estimate an<br>ments listed must equal the adjusted gros<br>uestion 4.b above. | d :  | 91,75002                                  |
|   |  |  | Payments<br>Officers<br>Directors,<br>Affiliates | ,<br>& Payments to<br>Others              |
|   |  |  |  |   |
| Purchase of real estate                                       |  |  | . 🗆 \$   | \$  |
| Purchase, rental or leasing                                   | and installation of machinery  |  |  |   |
|   |  |  |  |   |
|   |  |  | . 🗆 S  |   |
| offering that may be used i                                   | esses (including the value of se<br>in exchange for the assets or se | curities involved in this<br>curities of another   |  | r e                                       |
|   |  |  |  |   |
|   |  | .,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,  |  |   |
|   |  |  |  |   |
| Other (speedy).   |  |  | . [ 3  | [] \$                                     |
|   |  | 1000   | \$   | •—-                                       |
| Cotumn Totals   |  |  | s  | 0 <u>210</u> 800                          |
| Total Payments Listed (col                                    | umn totals added)  | 7  | Z  | s 61500                                   |
|   |  |  | * * * * * * * * * * * * * * * * * * *            |   |
| signature constitutes an underta                              | king by the issuer to furnish to the issuer to any non-accredited    | gned duly authorized person. If this notified U.S. Securities and Exchange Comminvestor pursuant to paragraph (b)(2) or                                  | nission, upon w<br>f Rule 502.                   |   |
| Issuer (Print or Type)  | Signat   |  |  | /   |
| dew Design North  | America; Inc.  | inter 1. lifted  | 311  | 05  |
| , ,,,   | America; Inc. M  |  | 311  | 05  |

| 1.           | Is any party described in 17 CFR 230.262 presently subject to any of the disqualification provisions of such rule?   | Yes        | 0И<br><b>Ж</b> |
|--------------|--|------------|----------------|
|              | See Appendix, Column 5, for state response.  |            |                |
| · <b>2</b> . | The undersigned issuer hereby undertakes to furnish to any state administrator of any state in which this notice is f D (17 GFR 239,500) at such times as required by state law.   | iled a no  | tice on Form   |
| 3.           | The undersigned issuer hereby undertakes to furnish to the state administrators, upon written request, informatissuer to offerees.   | tion furn  | dished by the  |
| <b>4,</b>    | The undersigned issuer represents that the issuer is familiar with the conditions that must be satisfied to be en limited Offering Exemption (ULOE) of the state in which this notice is filed and understands that the issuer claim of this exemption has the burden of establishing that these conditions have been satisfied. |            |                |
|              | ner has read this notification and knows the contents to be true and has duly caused this notice to be signed on its beha<br>thorized person.  | ulf by the | undersigned    |

Signature

Cardew Design North America, Inc.

Name (Print or Type)

Michael G. Grafeld

Signature

Children of Type)

Chairman of the Board

Instruction:

Print the name and title of the signing representative under his signature for the state portion of this form. One copy of every notice on Form D must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

AND THE PROPERTY OF THE PROPER 1 2 3 4 Disqualification Type of security under State ULOE Intend to sell and aggregate (if yes, attach Type of investor and amount purchased in State (Part C-Item 2) to non-accredited offering price explanation of investors in State offered in state waiver granted) (Part C-Item 1) (Part B-Item 1) (Part E-Item 1) Number of Number of Accredited Non-Accredited State Yes No Investors Amount Investors Amount Yes No AL ΑK AZ AR  $\mathsf{C}\mathsf{A}$ CO CT DE DC FL GA Hl ID IL IN IA KS ΚY LA ME MD MA Μì MN MS

|       |                                |   |  |   | ranix  |  |         | ila-tidikusus<br>Mangelasi   |    |   |
|-------|--------------------------------|---|--|---|--------|--|---------|--|----|---|
|       | Intend<br>to non-a<br>investor | 2 I to sell ccredited s in State -Item 1) | Type of security and aggregate offering price offered in state (Part C-Item 1) | 4  Type of investor and amount purchased in State (Part C-Item 2) |        |  |         | 4 5 Disqualifit under State (if yes, at explanation amount purchased in State) |    | ne ULOE<br>attach<br>ation of<br>granted) |
| State | Yes                            | No  |  | Number of<br>Accredited<br>Investors                              | Amount | Number of<br>Non-Accredited<br>Investors | Amount  | Yes  | No |   |
| ΜO    |                                |   |  |   |        |  |         |  |    |   |
| MT    |                                |   |  |   |        |  |         |  |    |   |
| NE    |                                |   |  |   |        |  |         |  |    |   |
| NV    |                                |   |  |   |        |  |         |  |    |   |
| NH    |                                |   |  |   |        |  |         |  |    |   |
| NJ    |                                | х   | Class A  | 1   | 65,000 | 0  | 0       |  | х  |   |
| NM    |                                |   | Common   |   |        |  |         |  |    |   |
| NY    |                                |   |  |   |        |  | <u></u> | į  |    |   |
| NC    |                                |   |  |   |        |  |         |  |    |   |
| ND    |                                |   |  |   |        |  |         |  |    |   |
| он    |                                |   |  |   |        |  |         |  |    |   |
| ок    |                                |   |  |   |        |  |         |  |    |   |
| OR    |                                |   |  |   |        |  |         |  |    |   |
| PA    |                                |   |  |   |        |  |         |  |    |   |
| RI    |                                |   |  |   |        |  |         |  |    |   |
| SC    |                                |   |  |   |        |  |         |  |    |   |
| SD    |                                |   |  |   |        |  |         |  |    |   |
| TN    |                                |   |  |   |        |  |         |  |    |   |
| XΣ    |                                |   |  |   |        |  |         |  |    |   |
| UT    |                                |   |  |   |        |  |         |  |    |   |
| VT    |                                |   |  |   |        |  |         |  |    |   |
| VΑ    |                                |   |  |   |        | _  |         |  |    |   |
| WA    |                                |   |  |   |        |  |         |  |    |   |
| wv    |                                |   |  |   |        |  |         |  |    |   |
| WI    |                                |   |  |   |        |  |         |  |    |   |

| ;     | to non-a investor | to sell coredited s in State | Type of security and aggregate offering price offered in state (Part C-Item !) |                                      | Type of investor and explan amount purchased in State waiver |  |        | diffication<br>tate ULOE<br>s, attach<br>nation of<br>r granted) |    |
|-------|-------------------|------------------------------|--|--------------------------------------|--|--|--------|--|----|
| State | Yes               | No                           |  | Number of<br>Accredited<br>Investors | Amount   | Number of<br>Non-Accredited<br>Investors | Amount | Yes  | No |
| WY    |                   |                              |  |                                      |  |  |        |  |    |
| PR    | <u> </u>          |                              |  |                                      |  |  |        |  |    |